

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>WV</i>	<i>12</i>	<i>3/20/99</i>
O.P.E. CLASSIFIER			<i>3/20</i>
FORMALITY REVIEW	<i>DA</i>	<i>72121</i>	<i>4-2-99</i>

10-4-99

INDEX OF CLAIMS

- ✓ _____ Rejected
- _____ Allowed
- (Through numerals) _____ Cancelled
- + _____ Restricted
- N _____ Non-elected
- I _____ Interference
- A _____ Appeal
- O _____ Objected

Claim

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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If more than 150 claims or 10 sheets, staple additional sheet here
 (LEFT INSIDE)

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